

REQUEST FOR OFFICIAL STERILIZATION PROCESS

Canner:		Product:						
Mailing Address:		Formula:						
City:	Zip Code:	Telephone:						
Sample Source: <input type="checkbox"/> Laboratory <input type="checkbox"/> Production								
New Product?? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reformulation?? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes Highlight Changes)						
Container Size(s):		Existing S-Number or Date of Existing Process Letter:						
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; vertical-align: top;"> Type of Retort: <input type="checkbox"/> Still <input type="checkbox"/> Continuous <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Aseptic <input type="checkbox"/> Other: </td> <td style="width: 10%; vertical-align: top; text-align: center;">-</td> <td style="width: 30%; vertical-align: top;"> Container Position: Cooker Capacity: Leg Temperatures: Flow Rate: </td> <td style="width: 10%; vertical-align: top; text-align: center;">-</td> <td style="width: 20%; vertical-align: top;"> Cooker Speed Desired: <input type="checkbox"/> RPM <input type="checkbox"/> CPM Hold Tube Length: I.D.: </td> </tr> </table>				Type of Retort: <input type="checkbox"/> Still <input type="checkbox"/> Continuous <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Aseptic <input type="checkbox"/> Other:	-	Container Position: Cooker Capacity: Leg Temperatures: Flow Rate:	-	Cooker Speed Desired: <input type="checkbox"/> RPM <input type="checkbox"/> CPM Hold Tube Length: I.D.:
Type of Retort: <input type="checkbox"/> Still <input type="checkbox"/> Continuous <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Aseptic <input type="checkbox"/> Other:	-	Container Position: Cooker Capacity: Leg Temperatures: Flow Rate:	-	Cooker Speed Desired: <input type="checkbox"/> RPM <input type="checkbox"/> CPM Hold Tube Length: I.D.:				
Fill Weight:		Net Weight:						
Produce pH:		Syrup Brix (if applicable):						
Gross Headspace:		Consistency (if applicable):						
Other:								
INGREDIENTS: (Provide amounts for each ingredient by weight or percentage)								
Ingredient:	Amount (Wt. or %)	Ingredient:	Amount (Wt. or %)					
Desired Process Temperature(s):		Desired Initial Temperature(s):						
Details of Product Preparation:								
Signature:		Date:						
Print Name:		Title:						

Submit to: University of California
 Laboratory for Research in Food Preservation
 6665 Amador Plaza Road, Suite 207
 Dublin, CA 94568

(925) 833-6941
 FAX: (925) 833-9739